

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/523070

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		1				
4		1				
5		1				
6		1				
7	1					
8	1					
9	1					
10		1				
11		1				
12		1				
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41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.			1	1	1	1
TOTAL DEP.		1	1	1	1	1
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
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97						
98						
99						
100						
TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	4	1	1	1	1	1
TOTAL CLAIMS	58					